



New England High Intensity Drug Trafficking Area

Course Enrollment Registration Form

(Please fill out completely!)

Course Name:	Courtroom Testimony	Date(s)	May 6-7, 2009
Location:	NEHIDTA Training Room, Methuen, MA		

First Name	Arrest Authority:	Social Security #- last 4 digits only	
Last Name	<input type="radio"/> YES		
M.I.	<input checked="" type="radio"/> NO	email	

Parent Agency (What agency signs your check? Spell Out)	Your Rank/Title-Spell Out. (If none , type none)
<input style="width: 100%; height: 40px;" type="text"/>	

Job Mailing Address-(Spell out)	Phone Number		
Agency	<input style="width: 100%; height: 40px;" type="text"/>		
Address	<input style="width: 100%; height: 40px;" type="text"/>		
City	<input style="width: 15%; height: 25px;" type="text"/> State <input style="width: 15%; height: 25px;" type="text"/> Zip Code <input style="width: 15%; height: 25px;" type="text"/>	Other Number	<input style="width: 100%; height: 40px;" type="text"/>

Does your Agency participate in a HIDTA Initiative?		Parent Agency is:
<input type="radio"/> Yes	Initiative Name <input style="width: 100%; height: 40px;" type="text"/>	<input type="radio"/> No <input style="width: 100%; height: 40px;" type="text"/> Federal

Section below must be completed by Supervisor

Approved by: (Supervisor's First name, MI, Last name)	Supervisor's Signature:
Rank/Title:	Title:
Agency and Address:	Telephone:

Please **fax this Registration Form** to Cynthia Kahrman at **978-691-2510**.
A hard copy or fax **must be received with supervisor's approval before confirmation is sent.**
A confirmation letter will be sent as a reminder 2-3 weeks prior to the class.